County of San Diego

Community Epidemiology
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JEAN M. SHEPARD
DIRECTOR

WILMA J. WOOTEN, M.D., M.P.H.
PUBLIC HEALTH OFFICER

HEALTH AND HUMAN SERVICES AGENCY

PUBLIC HEALTH SERVICES
1700 PACIFIC HIGHWAY, SAN DIEGO, CALIFORNIA 92101-2417
(619) 531-5800 FAX (619) 515-6707

EMERGENCY MEDICAL SERVICES
6255 Mission Gorge Road
San Diego, CA 92120-3599
(619) 285-6429 Fax: (619) 285-6531

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TO: Advanced Life Support Provider Agency Coordinators
Basic Life Support Agency Coordinators
Base Hospital Nurse Coordinators
Base Hospital Medical Directors
EMT – Paramedic Training Program Coordinators

FROM: Bruce E. Haynes, MD
Medical Director, Emergency Medical Services

CLARIFICATIONS AND CORRECTIONS TO JULY 2007 PROTOCOL AND POLICY REVISIONS

Several protocols, as indicated below, are in need of clarification and/or revision.

P-110 and P-112 have been revised to clarify issues with Epinephrine and Atropine (adults only) use.

P-111 and P-113 have been revised with all references to BHO and BHPO removed, and both protocols reflect Standing Orders for Communication Failure.

Summary of Changes to BLS/ALS Adult and Pediatric Treatment Protocols

- S-139: A 500mL fluid bolus is to be given *just prior to extremity being released* SO
- S-136: For Severe respiratory distress with bronchospasm or inadequate response to Albuterol/Atrovent, Epinephrine 0.3mg SC **BHPO** for patients with known cardiac history and/or ≥65yo. This is changed from BHO in prior protocol.

S-101: Under **Opioid Overdose, Symptomatic**:
To read: Decreased level of consciousness (and respiratory depression in adults)

S-104:

- For the skill End tidal Co_2 Detection Device – Capnography, is to be listed as a Standing Order
- For the skill Nasogastric Intubation, please strike through this row of information. Nasogastric / Orogastric tube placement is listed 3 rows above, and should include "uncuffed intubations" as one of the indications for placement.

P-115 Addendum: Change **Epinephrine SQ** to **Epinephrine IM/SQ**
Also, throughout the drug charts for pediatric patients, use the indicated SC dose as the IM dose.

S-123:

- Whenever possible, oral glucose should be used rather than IV D50. If a patient has an altered level of consciousness, proceed to D50.

- For **Symptomatic ?opioids OD (excluding opioid dependent pain management patients) with respiratory rate <12:** If patient refuses transport, give may give additional Narcan 2mg IM SO (respiratory rate parameters do not apply here)

S-126: For documented STEMI patients with severe chest pain, may proceed to MS prior to any or all doses of SL NTG being given, but all doses of NTG should be given unless the patient's blood pressure drops.

S-122 and S-162: Epinephrine is given **IM** for respiratory distress with bronchospasm and Anaphylaxis (shock or cyanosis) when related to possible allergic reaction.

S-127: If using external pacemaker and a patient has a BP<100, consult Base Physician for Morphine for pain.

S-136 and S-167: Epinephrine is still given **SC** for severe respiratory distress with bronchospasm or inadequate response to Albuterol/Atrovent, when related to a respiratory crisis such as asthma or COPD.

***Please note that when giving Epinephrine to a patient with respiratory distress from an allergic reaction, it is a **BHO** for someone with a known cardiac history and/or ≥65 yo. When giving Epinephrine to a patient in severe respiratory distress with bronchospasm or inadequate response to Albuterol/Atrovent (respiratory etiology), it is a **BHPO** for someone with a known cardiac history and/or ≥65 yo.

The Table of Contents has been updated to reflect the revisions. All updated protocols can be found on the County EMS website: **www.SanDiegoCountyEMS.com**, select EMS PreHospital System.

Please take the opportunity to review the updates with your staff. Thank you.

Bruce E. Haynes, MD
EMS Medical Director

BH:MM:rp